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ABSTRACT

The pamphlet on speech and hearing services offered by the Ohio Department of Education discusses both the general status of speech and hearing services, and certification and program standards. The general status of Ohio's programs is described in terms of the history of speech and hearing therapy in Ohio, the present status of units in speech and hearing services, and past and current research and demonstration projects. Also examined are certification standards for therapists, State Board of Education program standards, and division policies. Guidelines are presented for the following aspects of program development: speech and hearing therapy services in a school system (staff functions and evaluative program criteria), equipment and facilities, program organization, instructional programs (scheduling methods, lesson planning, carry-over, termination of therapy, and followup cases), records and reports, sources of professional assistance, special state programs for the hearing impaired, and audiometric evaluations. Appendixes include: suggested record and report forms; the code of ethics of the Ohio Speech and Hearing Association; descriptions of the functions of the professional staff in the Division of Special Education; program standards for special educational units for deaf and hard of hearing children; and recommendations from the International Standards Organization. (GW)

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OHIO SCHOOL SPEECH & HEARING SERVICES

Ohio Department of Education

EC 051 390

1972 Columbus, Ohio

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FOREWORD

This publication is designed to assist therapists and administrators in developing and maintaining effective programs in the remediation of communication disorders among school children. The focus of the publication is to define and clarify speech and hearing therapy, as outlined in program standards adopted by the State Board of Education, and to give useful information to school districts which wish to develop services for the estimated five per cent of school-age children who have disabilities in communication and to students in university training programs.

Effective communication is of major importance in our increasingly complex society, and school systems have come to recognize a responsibility to habilitate children whose communication skills impede educational, occupational, and emotional growth and development. Since 1945, the Ohio Department of Education has offered consultative, informational and monetary support to local school districts for programs for speech, hearing and language impaired children. The speech and hearing therapists who serve the schools of Ohio provide the best available specialist to help such handicapped children solve or adjust to their difficulties.

It is hoped that this publication will be useful to all personnel concerned with speech and hearing handicapped children.

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INTRODUCTION

As evidenced by legislative support and the development of comprehensive educational programs in the public schools, the citizens of Ohio have demonstrated their belief in the right of each student to equal educational opportunities. Since 1945 when the first comprehensive permissive legislation for education of handicapped children was enacted (Section 3323.01, Ohio Revised Code), schools in Ohio have been systematically providing increasing numbers of services for students with speech and hearing disabilities. By the 1972-73 school year, 875 therapists will serve nearly 90,000 children with communication handicaps.

If the student population of Ohio does not change significantly and if more effective means of delivering services are not developed by research and demonstration, the number of therapists employed by schools will stabilize at approximately 1,100 during the 1970's. This implies that the State of Ohio may need only a replacement rather than an expansion supply of therapists after 1975. This will have implications for training institutions and their students.

The Division of Special Education of the Ohio Department of Education has the responsibility for encouraging the establishment and maintenance of special services for speech and hearing impaired children in local school districts. The State Board of Education establishes minimum standards for programs for speech and hearing handicapped children, and school districts wishing to receive state funds under the provisions of the School Foundation Program for speech and hearing therapy services must meet these standards (Section 3323.02 Ohio Revised Code).

An important role of the State Department of Education is to disseminate information which will assist professional personnel in developing effective programs for handicapped children in local school districts. This publication, a compilation of the work of many professionals in speech and hearing therapy, is such an attempt.

The Task Force on School Speech and Hearing Services, listed on page 4, was of considerable help in preparing, outlining, and recommending content for this publication. Without their assistance, the task of compiling *Ohio School Speech and Hearing Ser-*

vices would not have been possible. Their critical contributions gave much needed depth and breadth to the publication. The support, encouragement, and leadership of S. J. Bonham, Jr., director of the Division of Special Education, was important to this endeavor. Invaluable technical assistance in format and layout was given by Chester Davis, assistant director, Division of Instructional Materials. Finally, to Miss Gloria Brown, sincere thanks for efficiency and patience in preparing the manuscript for publication.

It is hoped that this publication will be useful to all personnel involved in providing speech and hearing services to the school children in Ohio.

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PART I

General Status of Ohio's Program

Chapter 1

HISTORY OF SPEECH AND HEARING THERAPY IN OHIO

School speech and hearing therapy services in Ohio have been gradually developing since before World War I. There has been a continuous program of speech correction in the Cincinnati City Schools since 1912, while the Cleveland Schools commenced a program in 1918. Akron City Schools started in 1935, Dayton began in 1944, and Youngstown in 1945. Interest was slow to develop, and by 1945 only seven speech and hearing therapists were employed by public schools, four of them in Cleveland. In the early 1940's, students expressing interest in school speech and hearing therapy were often discouraged by universities because of the lack of positions available in the schools.

Instruction in speech correction at the university level began at The Ohio State University in 1931. Case-Western Reserve, Kent State, and Ohio Universities initiated programs about 1937, and Bowling Green State University commenced in 1944. By 1945, it is estimated that there were six full-time university instructors in speech correction in Ohio. Miami University (1954), Akron University (1957), University of Cincinnati (1960), and Cleveland State University (1971) developed programs approved by the State Department of Education to train speech and hearing therapists.

A critical year in the development of programs for handicapped children in Ohio's schools was 1945. Legislation was established which broadened the statutes so that special education services could be provided to a wide range of handicapped children, including those with speech defects or hearing losses (Section 3321.01, Ohio Revised Code).

In the same year, the 96th General Assembly mandated that the State Board of Education establish standards for programs and services for handicapped children for the purpose of determining school districts entitled to state financial support. In addition, the State Board of Education was empowered to employ con-

sultants to assist in the development and maintenance of statewide programs for handicapped children, to provide consultation to local school districts, and to determine that state subsidies were appropriately utilized (Section 3321.02, Ohio Revised Code). The first consultant in speech and hearing therapy was employed by the Ohio Department of Education in 1945. That same year, provisions for state subsidies to school districts for providing speech and hearing therapy services were established at a level equal to $1,000 for each state-approved therapist.

Because of the favorable permissive legislation and state subsidies, employment opportunities for speech and hearing therapists for the first time exceeded the supply. Demand has increased in each succeeding year until in 1972, 125 vacant positions were registered by school superintendents with the Division of Special Education. The publication *Planning for the Education of the Handicapped Child in Ohio* indicates that there will be a continued need for 150 speech and hearing therapists annually. This number will include replacements and additional units of 70 per year until 1975 at which time a total of 1,100 therapists will be employed. This will provide a ratio of one therapist to 2,500 school children. After 1975, there will probably be little expansion of the school speech and hearing therapy program. Most of the market will be replacement of turnover.

Certification requirements have undergone continual revision since 1945. Initial interpretation of certification requirements mandated that the speech and hearing therapist be qualified to teach both the hard of hearing and the speech handicapped child. Because this dual pattern did not appear practical for the developing role and function of Ohio's speech and hearing therapists, a special committee was formed to study the problem. In 1946, the State Board of Education adopted certification requirements for speech and hearing therapy, which became effective January 1, 1948, and mandated the equivalent of 30 semester hours of training in speech and hearing areas in addition to 15 semester hours in psychology and special education. Requirements have been continuously evaluated and upgraded. *Laws and Regulations Governing Teacher Education and Certification* describes revised certification standards which became effective January 1, 1972. These certification requirements may be found in Chapter 4.

Since 1945, both state funding and minimal state standards have also undergone continuous revisions in efforts to provide improved services which can be supported at reasonable fiscal levels.

In 1955, the 101st General Assembly adopted a new foundation program for Ohio schools. A minimum level of financial support was guaranteed by the foundation program. The employment of a school speech and hearing therapist under State Board of Education Program Standards (see Chapter 5) entitled the employing district to an additional unit in its calculations for state support. Depending upon the nature of the school district and the training of the therapist, support generally ranged from $2,100 to $7,622. In the fall of 1969, the Legislature improved subsidies for approved units in speech and hearing so that, in general, school districts now receive a minimum of $3,450 for an approved unit, up to a maximum of virtually complete subsidy.

The 109th General Assembly (1971-72) continued partial funding on a unit basis with specific earmarked funds to support the position if all minimum standards are met. Specific state funds, therefore, have been continuously provided for the support of school speech and hearing therapists employed in a local school district since 1945.

Growth in Program

Since 1945 the number of speech and hearing therapists employed by Ohio's school systems has increased each year. The overall growth of the program is shown in the two tables that follow. The first table traces the number of therapists employed from 1946-47 through the 1959-60 school years.

TABLE I

Number of Therapists Employed
1946-47 Through 1959-60 School Years

Year	No. of Therapists	Year	No. of Therapists
1946-47	25	1953-54	119
1947-48	36	1954-55	122
1948-49	48	1955-56	141
1949-50	56*	1956-57	151
1950-51	68	1957-58	162
1951-52	94	1958-59	222
1952-53	104	1959-60	248

*Note: No report was tabulated for the 1949-50 school year because the position of state consultant was not filled, and the number of therapists was estimated.

Commencing with the 1960-61 school year, data was tabulated in a different manner. In Table I, the total number of speech and hearing therapists employed is included. The data reflects a number of part-time personnel. In Table II, both the total number of therapists and full-time equivalents is indicated, as well as information relative to caseloads and percentage of cases corrected.

TABLE II

Therapists Employed
1960-61 Through 1972-73 School Years

Year	No. of Units	Total Therapists	Enrollment	Mean Case Load	Per Cent Corrected
1961-62	292.9	303	35,636	121	37%
1962-63	305.6	315	36,391	119	36%
1963-64	347.4	365	39,171	113	37%
1964-65	404.8	428	47,279	117	46%
1965-66	449.8	473	51,424	114	46%
1966-67	472.6	504	53,764	114	37%
1967-68	526.6	566	56,794	100	37%
1968-69	540.0	581	58,839	104	38%
1969-70	621.8	665	68,916	114	40%
1970-71	682.2	730	79,014	109	37%
1971-72	739.0	780	90,000	110	37%
1972-73	*821.0	*860	*99,250		
1973-74	*891.0	*930	*107,625		
1974-75	*961.0	*1,000	*116,010		
1975-76	*1,030.0	*1,070	*124,250		
1976-77	*1,039.0	*1,079	*125,000		

*Estimated

It would appear that in the last two decades school speech and hearing therapy has become a well-established profession within the schools of Ohio. Services are being demanded in ever-increasing numbers. However, it would appear that even more help is needed by speech, hearing and language handicapped children. If one accepts the premise that **at least** 5 per cent of school-age children need rehabilitation in speech, hearing, and language, approximately 125,000 of the 2,500,000 children presently enrolled in Ohio's schools need special services. Seventy-two per cent of children needing a speech and hearing therapist are receiving assistance.

Chapter 2

PRESENT STATUS OF UNITS IN SPEECH AND HEARING

Since 1945, the Division of Special Education of the Ohio Department of Education has offered assistance to schools throughout the state in developing statistical data regarding the nature, duties, functions, and basic issues in speech and hearing therapy which can be utilized in planning and implementing programs by local educational agencies, professional organizations, and university trainers.

To develop the information included in this chapter relative to the present status of units in school speech and hearing therapy services, staff members of the Division of Special Education, in cooperation with the Ohio Speech and Hearing Association and the Ohio Inter-University Council of Trainers of Speech and Hearing Therapists, developed a questionnaire which was distributed in May 1966 to all public school speech and hearing therapists. Ninety and four-tenths per cent of Ohio's therapists responded to one or more items on the questionnaire. Selected portions of the responses are discussed in this chapter as are results of the annual report of services submitted by all therapists to the Ohio Department of Education.

School District Data

Table I indicates the number of full- and part-time therapists employed by school districts of varying sizes. Therapists tend to work either in very large city districts or in moderately sized suburbs with a school population of between 3,000 and 8,000.

Eighty-four of the 88 Ohio counties have therapy services either in the county office or in local school districts within the county. The other 4 county areas have been trying to secure therapy services for several years.

It is of interest to note that of the 125 vacant positions registered by superintendents with the Division of Special Education in 1972, a great number were listed from these areas. It would appear that speech and hearing therapists have tended to seek employment in major cities or their suburbs rather than the rural areas of the state, even though there are positions available in these locations.

Coordination Time

According to the Program Standards for Special Education Units for Speech and Hearing Therapy, not less than one-half nor

more than one day per week shall be allocated for coordination of the program, parent, staff, and agency conferences concerning individual students and related follow-up activities.

Table I below outlines activities during the one-half to one full day designated in the therapist's schedule as coordination time. "Regular" activities were those accomplished as a routine or regular responsibility. Activities noted as "seldom" done were those accomplished less than three times a year. Due to the nature and design of the questionnaire, many therapists found it expedient to list additional activities. Among the most commonly cited and pertinent were: (1) therapy with children not regularly enrolled in class, in special education classes, and make-up sessions for children on the regular caseload; (2) random diagnostic evaluations to assist in referring children for pre-school services and in schools without therapy services; (3) observation of the child in the classroom situation; (4) visitations to children's homes, schools for hearing handicapped, and specific medical facilities; (5) inservice training programs for new therapists, student therapists, and high school classes; (6) preparation of lessons and materials for therapy sessions; and (7) evaluation and diagnostic work with new referrals. Recent information indicates that an increasing number of therapists are using coordination time for speech improvement activities.

TABLE I

Activities During Coordination Time

Area	Total	Regular	Percentage	Seldom	Percentage
Hearing Testing	431	289	67	142	33
Parent Conferences	434	382	88	52	12
Teacher Conferences	428	339	79	89	21
Writing Reports	418	331	79	87	21
Scheduled Therapy	404	213	52	191	48
Research	367	64	18	303	82
Administrative Staff Meetings	389	182	49	227	59
Visitations to outside agencies	390	64	14	326	86

Responsibilities during coordination time vary considerably according to the background and training of the therapist and the

basic philosophy of the school district. It is important to emphasize that school speech and hearing therapists, as professional personnel, should utilize coordination time to work in depth on those important adjuncts to direct speech and hearing therapy which are essential to the habilitation of the child on the case load, such as conferences with doctors, otologists, social workers, administrators, school psychologists and school nurses, and professional meetings. It should also be clear that a speech and hearing therapist is a professional staff member who should expect to devote additional time beyond coordination time and the normal school day in preparing lessons, record keeping, and holding or attending professional conferences.

Private Practice

In the last survey, approximately four out of five therapists had no private practice. Of those who did, the average was one to ten hours per week.

Most professional associations indicate that it is not ethical for a professional school employee to provide service for fee for any individual who would be entitled to that service under ordinary circumstances. It would be considered unethical, for example, to provide for a fee any service as a speech and hearing therapist to a child attending school in one's own district of employment.

Salaries are almost universally commensurate with teacher salary schedules. Salaries above teachers' scale reflect supervisory responsibility or additional service to children (summer school).

Except in areas where a therapist is assigned only to one or two buildings for services, it is a general practice for school districts to provide a travel allowance to compensate for commuting between schools. Eighty-one per cent of therapists receive some compensation for travel expenses. Most reimbursement for travel is on a "mileage basis," although in county offices it may be on a flat monthly or yearly basis.

Experience

One of the critical problems in school speech and hearing therapy has been the rapid turnover encountered throughout the state. In 1967, 23 per cent of therapists were in the first year of employment, while 76 per cent had five or fewer years of experience. On a state-wide basis, there is an annual turnover of between 35 and 40 per cent. By 1971-72 turnover was down to 20 per cent. This is partly due to many speech and hearing therapists making a

stronger commitment to the profession. This may also be based upon the present economy and the fact that there is no longer a shortage in the field of speech and hearing therapy.

Chapter 3

RESEARCH IN SCHOOL SPEECH AND HEARING PROGRAMS

All areas of special education receiving state reimbursement, including public school speech and hearing therapy, operate within program standards adopted by the State Board of Education. In 1962, the State Department of Education adopted a provision to permit the development of research and demonstration programs. In speech and hearing, this standard states that "a special education unit. . . . may be approved for experimental, demonstration, or research purposes designed to provide a new or different approach to the techniques and/or methodology related to speech and hearing therapy." These programs must have the prior approval of the Division of Special Education, and a report of the results of the experimental program must also be submitted. The Division of Special Education encourages school districts to submit ideas for research and demonstration programs for consideration, and it will work actively with local districts in implementing proposals.

Significance of Previous Research

Results of research and demonstration programs completed by local school districts in cooperation with the Division of Special Education have had a very significant impact on subsequent revisions of program standards. For example, pilot programs in Brecksville, Cleveland, Crawford County, Dayton, and East Cleveland which explored alternate methods of scheduling speech and hearing classes resulted in establishing the "intensive cycle" method of scheduling as an optional alternative to the traditional scheduling method. It was found that with intensive cycle scheduling more children could be programed and consequently more could be dismissed from therapy as having reached maximum improvement, and that the method was especially effective with children having articulatory disorders. Primary disadvantages were that space monopolization difficulties occurred, and that some psychogenic problems were less effectively handled.

Special Education Regional Resource Centers (SERRC) have been implemented in most areas of Ohio to facilitate the coordination of total programing for special education within and between school districts in the defined region.

The Ohio Department of Education has recognized that it must encourage research and demonstration in the schools to ascertain how to solve some problems and how to improve services to handicapped children. For this reason, research and demonstration programs have been actively encouraged, and the results of these experimental programs have been incorporated in program standards by the State Board of Education wherever feasible.

Current Research and Demonstration Units

The following research and demonstration units at the time of this publication operating in Ohio schools were in 1971-72:

1. Columbus City Schools: "A Comparison of Operant Speech Therapy Techniques with Various Other Approaches to Therapy."
2. Elyria City Schools: "Coordinated Program of Intensified Language Development" (1st year).
3. Fairfield County and Lancaster City Schools: "Identification and Therapy with Children Who Have Mild to Moderate Hearing Losses" (1st year).
4. Greenhills-Forest Park City Schools: "Language Resource Therapist" (1st year).
5. Mad River Local Schools (Montgomery County): "Intensive Language and Speech Development for EMR Children" (2nd year; Phased-out Title III Program).
6. Mad River Local Schools (Montgomery County): "Educational Audiology" (1st year; Six-County Regional Project).
7. Parma City Schools: "Redefinition of the Role and Function of the Speech Therapist and the Learning Disability Child" (1st year).
8. Strongville City Schools: "Intensive Development of Language Skills" (2nd year; Interfacing with Learning Disability Unit).
9. Stark County Schools: "Mobile Hearing Conservation Unit."
10. Sylvania City Schools: "Effects of Scheduling Upon Articulation Therapy" (3rd year).

Supervision

1. Lake Geauga Special Education Service Center: "Speech and Hearing Regional Consultant" (1st year).
2. Montgomery County Schools: "Speech and Hearing Regional Supervisor" (1st year; Nine local districts and three cities).
3. Wood County Schools: "Speech and Hearing Therapy Consultant" (1st year, 0.5 unit to expand beyond County to 1.0 in 1972-73).

Role Models
New Title VI-B Projects

1. Mayfield City Schools: "A Continuation of an Intensive Experimental Speech Development Program" (In cooperation with Physically Handicapped Section).
2. Youngstown City Schools: "Planned Approach to Language Service" (Multi-agency approach to language deficiency identification and remediation of pre-school urban children).

Need for Continued Research

It is apparent that continued investigation of innovations must be done throughout the state. Changes in program standards should come only as a result of successful and documented research and demonstration programs, and can come only after new methods are attempted in local school districts.

Several school districts in the state, notably the Cleveland City Schools and Youngstown City Schools, are providing prevention services (speech improvement) within the framework of their total programs.

Some of the critical areas of concern are presently being studied; some have been presented for study in future school years; yet many questions remain unanswered. Some of the latter which need to be evaluated and field tested are:

- What are the new and innovative techniques in the therapy process itself?
- What is the role and function of a qualified audiologist in the school special education program?
- What are efficient methods to provide inservice training, especially for therapists who work independently and do not have the benefit of a consultant-supervisor?
- What is the therapist's role in the kindergarten and primary grades where many minor articulatory deviations improve through maturation? How can these children be identified efficiently and allow the therapist to work most effectively with problems requiring more professional treatment? Are supportive personnel effective in this regard?
- What are realistic incidence figures for speech and hearing disorders in varying types of districts? What is an efficient caseload? Does this vary by district and/or therapeutic emphasis based upon local needs? Are varying approaches and caseload makeup related to geographic and ethnic area of the state or community?

Continued consideration of more serious concerns facing Ohio school speech and hearing therapists need to be objectively considered. These cannot be easily field tested, but solutions must be found because the effect of these questions is significant on daily therapy sessions. For example:

- Ninety per cent of Ohio's school speech and hearing therapists are women, about ten per cent higher than the national figure. What are some ways to attract more men into the field?

• Even though the number of therapists receiving master's degrees in increasing in Ohio, there are still about seventy per cent who have the bachelor's degree as their highest level of training. Many are unable to further their education due to family, geographical or other reasons. Less than twenty-five per cent of Ohio therapists in the 1971-72 school year had certification above the provisional level. What do these factors concerning training and certification mean to the profession? How are school therapists going to upgrade their training? Is the university responsible for this or are there other methods such as inservice training available for this purpose?

PART II

Certification and Program Standards

Chapter 4

CERTIFICATION

Every speech and hearing therapist who wishes employment in the schools of Ohio should apply for proper certification. Ohio law states that "no person shall receive any compensation for the performance of duties as a teacher in any school supported wholly or in part by the State or by federal funds who has not obtained a certificate of qualification for the position" (Section 3319.30, Ohio Revised Code).

The issuance of certificates for all public school professional personnel in Ohio is the responsibility of the Division of Teacher Education and Certification, Room 605, Ohio Departments Building, 65 S. Front Street, Columbus, Ohio 43215. Questions about certification not resolved at a local level may be addressed to this office.

Section 3319.24, Ohio Revised Code, states that "Provisional Certificates valid for four years shall be issued by the State Board of Education to those who have completed the respective courses prescribed therefore by the Board in an institution approved by it for the type of preparation required. . . ."

Certification requirements for speech and hearing therapy, effective January 1, 1972, are listed below:

A. Provisional Certificate

The provisional special education teacher's certificate for speech and hearing therapy will be issued to the holder of a bachelor's degree and upon evidence of the following pattern of education:
Course work well distributed over the following areas:

(1) Normal aspects of communication
   (a) Voice and diction
   (b) Human growth and development
   (c) Phonetics

(2) Disorders of human communication
   (a) Beginning speech pathology (emphasis on functional problems)
   (b) Advanced speech pathology (emphasis on organic problems)
   (c) Stuttering and/or psychogenic disorders of speech
   (d) Voice problems

(e) Introduction to audiology and hearing conservation
(f) Methods in speech reading and auditory training
(g) Language disorders

(3) Related fields
(a) Education of exceptional children with learning disabilities and behavior disorders
(b) Survey of psychological tests and measurements
(c) Organization and administration of public school speech and hearing programs.

(4) Practicum
(a) Clinical practice in speech
(b) Clinical practice in hearing
(c) Student teaching in speech and hearing therapy.

B. Renewal of Provisional Certificate

A provisional special education teacher's certificate may be renewed upon evidence of satisfactory character and teaching ability as demonstrated by successful teaching experience within a five-year period immediately preceding the date of application.

A holder of a provisional special education teacher's certificate who has not taught within this period may become eligible for the renewal of the expired certificate by completing 6 semester hours (9 quarter hours) of refresher training pertinent to this field of teaching.

C. Professional Certificate

A provisional special education teacher's certificate for speech and hearing therapy may be converted into a professional certificate upon evidence of 27 months of successful teaching experience in Ohio under the provisional certificate to be converted and upon evidence of 14 semester hours (21 quarter hours) of graduate work in the area of speech pathology and/or audiology at an approved institution for speech and hearing therapy, this work to have been completed since the granting of the initial speech and hearing therapist's standard certificate. The applicant must be employed full-time in the schools of Ohio at the time of application.

D. Renewal of Professional Certificate

A professional special education teacher's certificate (or renewal thereof) may be renewed under the same conditions as those governing the renewal of the provisional certificate.

E. Permanent Certificate

A professional special education teacher's certificate for speech and hearing therapy may be converted into a permanent certificate upon evidence of 45 months of successful teaching experience under the professional certificate to be converted and upon evidence of the completion of an appropriate master's degree or the equivalent. (Equivalent means 30 semester hours (45 quarter hours) of graduate work in the area of speech pathology and/or audiology.) The applicant must be employed full-time in the schools of Ohio at the time of application.

According to *Laws and Regulations Governing Teacher Education and Certification*[1], the following applies on renewal certifi-

[1]Hailey, Paul W., *Laws and Regulations Governing Teacher Education and Certification.* Columbus: Ohio Department of Education, 1971.

cation and application for next higher grade certificates (effective January 1, 1972): "Standards not retroactive . . . Periodic changes in patterns of education and other certification requirements are essential. Such requirements, when prescribed, are not administered in such a manner as to deprive an individual of a right or privilege previously granted."

New certification standards do not alter the status of Standard Certificates issued under former standards and said certificates are renewable pursuant to the provisions of such former standards.

The individual who applies for the next higher grade certificate, or for certification in an additional field of service, shall meet the requirements in effect at the time of application.

Chapter 5

STATE BOARD OF EDUCATION PROGRAM STANDARDS

According to law (Section 3323.02, Ohio Revised Code), the State Board of Education establishes minimum standards for programs for speech and hearing impaired children, and school districts wishing to receive state funds under the provisions of the School Foundation Program must meet the standards.

The basic standards approved by the State Board of Education were approved in April 1960 and were revised in July 1962 and August 1966 to take account of changes in the utilization of speech and hearing therapists. Most of the essential changes were a result of research and demonstration programs designed to explore new or different approaches to the techniques and/or methodology related to speech and hearing therapy.

Because these standards are considered minimal, school districts are encouraged to go beyond them to develop the most effective program possible. Prior to adoption of the standards by the State Board of Education, a number of professional organizations and interested personnel offered advice and suggestions which are incorporated throughout. These include:

The Ohio Speech and Hearing Association

Ohio Inter-University Council of Trainers of Speech and Hearing Therapists

Division of Special Education Task Force on Speech and Hearing Therapy.

Division of Special Education Task Force (composed of consumers of our services, such as school administrators, university personnel, and parents).

The standards which were recommended and subsequently adopted by the State Board of Education reflect considerable thought and effort on the part of many professional personnel. The program standards are a minimal base upon which to approve programs for state reimbursement within the provisions of the School Foundation Program.

Edb-215-08 Program Standards for Special Education Units for Speech and Hearing Therapy

A. General

(1) A special education unit or fractional unit may be

approved for speech and hearing therapy only within these standards.

(2) A special education unit or fractional unit may be approved for experimental, demonstration or research purposes designed to provide a new or different approach to the techniques and/or methodology related to speech and hearing therapy.

(3) One special education unit in speech and hearing therapy may be approved for the first 2,000 children enrolled in grades K-12 in a school district.

(4) Additional special education units in speech and hearing therapy may be approved for each additional 2,500 children enrolled in a school district in grades K-12.

(5) School districts employing four or more speech and hearing therapists may designate one therapist as coordinator for technical assistance and professional guidance. The case load of such a therapist may be lowered on a pro-rated basis.

(6) The number of centers in which a speech therapist works should be determined by the enrollment of the building and needs of the children. Not more than four centers are recommended, and the maximum shall not exceed six at any given time for one therapist employed on a full-time basis. Therapists employed less than full time shall reduce the number of centers served proportionately.

(7) Two or more districts may arrange cooperatively for the employment of one speech and hearing therapist.

B. Selection of Children

(1) Selection of children for speech and hearing therapy shall be made by the therapist.

(2) The bases for selection of new students for speech therapy shall include:

(a) Diagnostic speech evaluation, including observation of the speech structures.

(b) Audiometric evaluation prior to initiating therapy.

(c) General examination by school or family physician when indicated.

(d) Referral of children with voice problems to an

otolaryngologist through the school or family physician when indicated.

(e) Psychological services when indicated.

(3) The bases for selection of children for speechreading (lipreading) and auditory training shall be:

(a) Individual audiometric evaluation.

(b) Otological examination, with a copy of the report filed with the speech therapist.

C. General Organization

(1) Class size shall be limited to a maximum of five students.

(2) Class periods shall be a minimum of thirty minutes for children seen in groups. Individual lessons may be fifteen to thirty minutes in length.

(3) Each therapist shall maintain adequate records of all students, including those screened, those presently a part of the case load, and those dismissed from therapy.

(4) Children shall not be dismissed from therapy before optimum improvement has been reached.

(5) Periodic assessment of children dismissed from therapy should be made over a two-year period.

D. Methods of Scheduling

(1) Traditional Method of Scheduling

(a) Elementary children shall be enrolled for a minimum of two periods weekly until good speech patterns are consistently maintained. Children may be seen less frequently in the "tapering off" period.

(b) Children enrolled in high school classes may be scheduled once a week, although twice-weekly sessions may be desirable where scheduling permits.

(c) One full-time therapist shall serve a minimum of 75 to a maximum of 100 students in active therapy.

(2) Intensive Cycle Method of Scheduling

(a) The speech and hearing therapist shall schedule at least four one-half days of each week in each center. One-half day per week should be used to

follow up cases in previous cycles where continued reinforcement is indicated.

(b) Each speech center shall be scheduled for a minimum of two to a maximum of four intensive cycles per year.
year.

(c) The length of a scheduled intensive cycle shall be a minimum of five to a maximum of ten consecutive weeks.

(d) The individual intensive cycles scheduled at a particular center shall not be consecutive, but shall alternate with time blocks in other centers.

(e) The first intensive cycle scheduled at each center should be longer to provide sufficient time for screening, selecting pupils and initiating the program.

(3) Combination of Scheduling Methods

(a) A combination of the intensive cycle and traditional methods may be scheduled by a therapist based on a plan submitted to the Division of Special Education.

E. Housing, Equipment and Materials

(1) A quiet, adequately lighted and ventilated room with an electrical outlet shall be provided in each center for the speech and hearing therapist.

(2) The space in each center shall have one table with five medium size chairs, one teacher's chair, one bulletin board, one permanent or portable chalkboard, and one large mirror mounted so that the therapist and students may sit before it.

(3) School district shall make available one portable individual pure tone audiometer for the use of the speech and hearing therapist.

(a) A speaker attachment should be included for use in auditory training units.

(b) The audiometer should be calibrated annually. Calibration shall be completed at least once every three years. Calibration to International Standards Organization specifications is recommended.

(4) School districts shall make available one portable tape recorder for the use of each speech and hearing therapist.

(5) Each speech therapist shall have access to a locked file, a private office, a telephone and appropriate secretarial services.

F. Conference and Follow-Up

(1) Not less than one-half nor more than one day per week shall be allocated for coordination of the program, parent, staff and agency conferences concerning individual students, and related follow-up activities.

(2) Part of the coordination time may be devoted to the development of speech and language improvement programs on a consultative basis.

G. Qualifications for Speech and Hearing Therapists

(1) All speech and hearing therapists shall meet all the requirements for the special certificate in speech and hearing therapy as established by the State Board of Education.

(2) Speech and hearing therapists shall possess acceptable speech patterns and be able to hear within normal limits.

Chapter 6

DIVISION POLICIES RELATING TO STATE BOARD OF EDUCATION PROGRAM STANDARDS

Division Policy on Fractional Units

Under standards adopted by the State Board of Education in 1966, fractional units for speech and hearing therapy may be approved by the Division of Special Education. The following policies have been adopted by the Division of Special Education to administer these standards:

(A) (1) A special education unit or fractional unit may be approved for speech and hearing therapy only within these standards.

(A) (3) One special education unit in speech and hearing enrolled in grades K-12 in a school district.

(A) (4) Additional special education units in speech and hearing therapy may be approved for each additional 2,500 children enrolled in a school district in grades K-12.

A fractional unit in speech and hearing therapy may be approved under these standards when:

1. The individual is employed as a full-time speech and hearing therapist in one or more school districts.
2. The individual is employed part time as a speech and hearing therapist and is not gainfully employed in areas other than speech and hearing therapy.
3. The remainder of the individual's time is spent in speech and hearing therapy in a speech clinic or in private practice.

The number and size of buildings and amount of travel between them are factors to be considered in approval of fractional units in speech and hearing therapy.

Approval of fractional units is based on school enrollments, and may be computed as follows:

1. For school districts with less than 2,000 children enrolled in grades K-12:

Unit	Enrollment
0.2	400 - 499
0.3	500 - 699

Unit	Enrollment
0.4	700 - 899
0.5	900 - 1099
0.6	1100 - 1299
0.7	1300 - 1499
0.8	1500 - 1699
0.9	1700 - 1899
1.0	1900 + ...

2. For school districts employing more than one therapist and having more than 2,000 children enrolled in grades K-12:

Unit	Enrollment
0.2	500 - 624
0.3	625 - 874
0.4	875 - 1124
0.5	1125 - 1374
0.6	1375 - 1624
0.7	1625 - 1874
0.8	1875 - 2124
0.9	2125 - 2374
1.0	2375 + ...

Division Policy on Coordinators of Speech and Hearing Therapy

Under standards adopted by the State Board of Education in 1966, "school districts employing four or more speech and hearing therapists may designate one therapist as coordinator for technical assistance and professional guidance. The case load of such a therapist may be lowered on a pro-rated basis." The following Division of Special Education policy identifies the maximum time that may be assigned for coordination.

No. of Therapists	Units	Minimum Case Load
4-5	.2	60
6-7	.3	52
8-9	.4	45
10-11	.5	37
12-13	.6	30
14-15	.7	22
16-17	.8	15
18-19	.9	7
20-	1.0	—

Chapter 7

OVERVIEW OF SPEECH AND HEARING THERAPY SERVICES IN A SCHOOL SYSTEM

There are two parts to this chapter. "Functions of the Speech and Hearing Therapy Service Staff" gives the general school administrator an overview of the duties and objectives of a school speech and hearing therapy program. "Evaluative Criteria for a Desirable Program of Speech and Hearing Services in the Schools" will provide criteria for administrators and school speech and hearing therapists to judge effectiveness in terms of organization and program development. Much of this chapter is quoted from a publication developed by the Ohio Association of Pupil Personnel Administrators. Their intent is to eventually publish this document. The second part utilizes this publication as a base upon which to build. It should be emphasized that the following are not State Department of Education Program Standards, but go beyond these minimal requirements.

Functions of the Speech and Hearing Therapy Services Staff

The basic functions of school speech and hearing therapists are to:

I. Assist the school staff through the identification of children with speech handicaps.

II. Provide diagnostic services for children with speech handicaps. These problems include:
   - A. Defects of articulation.
   - B. Stuttering.
   - C. Voice disorders.
   - D. Disorders of speech and voice associated with organic abnormalities such as hearing losses, cerebral dysfunctioning and cleft palate.
   - E. Speech disorders associated with delayed or disturbed language development.
   - F. Hard of hearing.

III. Select children for habilitative services and provide appropriate speech therapy, auditory training and speechreading.

IV. Assist children in the transfer of newly acquired skills to the classroom and home by working with the children, their teachers and parents.

V. Consult with the professional staff of the school system in the development of appropriate inservice training programs for teachers and other staff on problems relating to speech, hearing and language development.

VI. Cooperate with school health personnel in the development of an appropriate hearing testing program.

VII. Cooperate with appropriate community agencies, resources and facilities concerned about children with speech and hearing handicaps.

Evaluative Criteria for a Desirable Program of Speech and Hearing Therapy Services in the Schools

I. Organization:

A. The school speech and hearing therapist holds at least the provisional certificate in the area, and is assigned on a full-time basis to speech and hearing therapy services in the schools.

B. There should be at least one full-time speech and hearing therapist for each 2,500 children enrolled in grades K-12.

C. The number of separate school centers in the school system in which the therapist is scheduled is dependent upon the method of scheduling selected:

1. When the traditional method of scheduling is utilized, the therapist should work in not more than four separate centers.
2. When the intensive cycle method of scheduling is utilized, the therapist should work in not more than two centers during any one cycle.

D. In each building the speech and hearing therapist shall be provided with a room containing adequate facilities and shall be free from distracting materials and sound.

E. The speech and hearing therapist shall be supplied with appropriate equipment, materials and supplies.

F. The speech and hearing therapist is assigned as a specialist in the area of communication and does not carry administrative authority or responsibility for the operation of the school program unless so designated by the superintendent.

G. The speech and hearing therapist is responsible to an

administrative officer who is actively engaged in the coordination of pupil services.

H. There is a general bulletin in the school district describing the speech and hearing therapist's responsibilities, role, function and procedures.

I. Personnel policies encourage the speech and hearing therapist to participate in area, state, and national meetings of professional organizations of speech and hearing therapists.

J. Personnel policies encourage the speech and hearing therapist to continue graduate work in speech and hearing therapy and education.

II. Program

A. Children with speech handicaps are identified through routine speech surveys conducted by the speech and hearing therapist and supplemented by teacher referrals.

B. Children with hearing problems are identified through routine and periodic screening coordinated by school health services and referred to the speech and hearing therapist.

C. Children are selected for therapy by the speech and hearing therapist on the basis of careful evaluation of the child and the implications of his handicap.

D. The total caseload is well balanced and contains a number of types of speech problems. *Articulation problems should not exceed 75 per cent of the total caseload.*

E. The speech and hearing therapist works continually with classroom teachers to provide for "carry over" into regular classroom.

F. The speech and hearing therapists confers with parents to "carry over" into the home.

G. The speech and hearing therapist maintains complete and accurate records on each child in therapy.

H. There are structured procedures for evaluation of the effectiveness of the service.

1. A regular follow-up check is made of all children dismissed from therapy.
2. A periodic analysis of therapy load is conducted.

3. Periodic evaluation of the program and service is conducted by the staff or by outside consultants.

I. The speech and hearing therapist is active in serving as a consultant to classroom teachers and other school staff on matters relating to speech problems, normal speech development, speech improvement, and hearing conservation.

J. The speech and hearing therapist schedules at least one-half day per week for activities included in items G through I above.

Chapter 8

EQUIPMENT AND FACILITIES

It is of considerable importance to assure that adequate facilities and equipment are made available to therapists so that speech and hearing impaired children are most adequately served. In general, school speech and hearing therapists serve centers in several school buildings. In small school districts, an office in a central location should be provided. In larger school districts, it would be more efficient to provide the therapists with office space in buildings central to the caseload.

Since parent conferences, diagnostic work with some students, and sometimes actual therapy are provided in the central office, there should be adequate provisions for privacy. In addition, since it is frequently necessary to discuss confidential information over the telephone with medical personnel, mental health workers, or parents, a telephone should be made available to protect the privacy of confidential records. Cabinets and shelves, desks, bookcases, and chairs are considered necessary. Secretarial service is necessary for assistance in preparation of materials used in therapy and for typing letters and reports. Provision for duplicating and mimeographing materials should also be made.

It is strong philosophy in Ohio, reflected in minimal standards adopted by the State Board of Education, that therapists can best serve students by going into the school buildings where speech and hearing handicapped children attend, rather than providing therapy for these children from a central office or clinic. It is further felt that an intregral part of the functioning of a therapist revolves around the necessity of working closely with teachers and parents of children on the case load.

Therefore, in each school building served by a speech and hearing therapist, it is essential that a speech room be assigned in a location allowing easy entrance and egress of students from their regular class. This room need not be a large one and may be utilized for other purposes when the therapist is not there. As a minimum, this room should have space to comfortably accommodate a therapist and five students. A table and sufficient chairs are essential. It should also be quiet, well-ventilated, adequately lighted, and free from distractions, since the very nature of the process of speech and hearing service requires this as a minimum. Electrical outlets should be provided for equipment such as the tape recorder

and audiometer. State standards call for a bulletin board, a permanent or portable chalkboard, and a large mirror mounted so that the students may sit before it.

It is important to adhere to an established schedule, especially if the room is also utilized by other personnel. It is also good to maintain a strict schedule so that teachers will know where to find the therapists for consultation. The children also become more accustomed to going to a particular room at a particular time.

Further, school districts need to make available one portable individual pure tone audiometer for the use of the speech and hearing therapist. A speaker attachment should be included for use as an auditory training unit. *The audiometer should be calibrated annually,* and in no case should more than three years elapse before this is done. It is recommended that calibration meet the International Standards Organization specifications. As a minimum, school districts need to make available one portable tape recorder for use in therapy. There are other materials such as film strips, speech games, and workbooks that speech and hearing therapists will also need to replenish each year.

Following is a summary of the basic equipment and materials that speech and hearing therapists need in operating an effective program of services to handicapped children:

Item	Number Per Center
Table	1
Chairs suitable for children	5
Chair for therapist	1
Bulletin board	1
Chalkboard (permanent or portable)	1
Mirror (large, mounted to permit students to sit before it)	1
Locked cupboard, drawer space, or filing cabinet	1
Tape recorder	(access to one)
Recorder player	(access to one)
Audiometer (individual portable pure tone)	(access to one)
Auditory training unit	(access to one)
Language kit	(access to one)

Additional equipment generally includes:

hand mirrors
record albums
workbooks
speech games
scissors
speech tests
professional books
films and filmstrips
flannel board
assorted colored paper
toys
flash cards
blank playing cards
directories for referral sources

A realistic budget for such non-fixed equipment should be established. Lists of suggested equipment and materials may be obtained by contracting the Educational Consultant, Speech and Hearing Therapy, Division of Special Education, Ohio Department of Education, Columbus, Ohio.

Chapter 9

ORGANIZATION OF PROGRAM

The organization of classes for speech and hearing therapy services is dependent upon a number of factors:

- Identification of students
- Nature of the community
- Severity of problems identified
- Availability of community resources and supportive personnel in the school district
- Age, grade level, maturity, and ability of students
- Professional training and competencies of the therapist.

Depending upon these variables, the speech and hearing therapist generally groups children according to similarity of problem and general level and maturity. The advantage is that the therapist can work on specific sounds, for example, and arrange speech activities to provide opportunity to transfer the particular sounds.

A speech and hearing therapist may find that in some instances advantages accrue from grouping small groups of children with different speech problems. In this way children are enabled to feel that much of their articulation is adequate, that they may serve, in some respects, as models for others, and that they may improve some additional speech differences from the observation of others in the group. Heterogeneous grouping also facilitates scheduling by enabling the therapist to schedule several children from one class without regard to the presenting speech problems.

The size of the group should in no case exceed five children, and in many cases, considerably less. With larger groups, it is extremely difficult to plan, develop, and execute appropriate lessons and techniques to meet the needs of each child in the class.

Some children will need intensive individual instruction, especially if the problem is severe. This is generally true if the child is particularly sensitive or if his problem is such that, if larger classes were formed, much time would be spent in special instruction for the one child.

It is much better for a therapist to do an adequate job with a smaller group or caseload than to distribute services over such a wide area that good results are difficult to obtain. Just enrolling a child for therapy does not necessarily, achieve results. State

Board of Education Program Standards limit both the maximum and minimum size of classes, number of centers, and caseload to insure the most effective use of the therapists' time. Organization of classes must take account of these factors.

Identification of Students

As with all programs dealing with handicapped children, identification of children with speech and hearing handicaps should be provided as early as possible so that the most effective habilitation can commence. Many studies indicate that, within reasonable limits, the earlier treatment begins the greater the probability of success under treatment. Ohio's therapists work primarily at the elementary school level with heavy emphasis on primary grades.

For speech problems, a survey conducted by the therapist is much more practical than one utilizing teachers or other school personnel since many speech disorders are thus overlooked. In general, most therapists screen kindergarten or first-grade children in smaller schools, or at least second-graders and new students in larger schools. Teacher referrals in other grades are often utilized. Because of the large number of students to be screened, it is important that a case-finding method be developed by the therapist using no more than one or two minutes per child. With identified speech problems, a much more detailed evaluation is recommended.

Speech and hearing therapists provide a diagnostic as well as a treatment service. Since successful treatment depends on skillful diagnosis, very important aspect of the therapists' role is a comprehensive and sensitive case-finding process. The time invested in this critical aspect of the therapy program will depend on the size of the school system, the continuity of speech and hearing services within the school system and the sensitivity of the therapist toward the sharing of findings with affected classroom teachers. Initial case-finding procedures should be completed before the treatment part of therapy program begins.

Although in Ohio only about 2 per cent of the typical therapist's caseload is composed of hearing impaired children, speech and hearing therapists have a considerable role in identification and referral of these children to the appropriate specialities. Chapters 13 and 14 discuss the hearing program in greater detail. According to Ohio law, school systems must determine the existence of hearing defects utilizing evaluation devices and procedures approved by the Ohio Department of Health or the school physician.

Thus, Ohio law specifically states that the responsibility for

hearing testing rests with either the school physician or the local board of health. This responsibility includes the audiometric screening evaluation, and the screening is generally done by a nurse or trained para-professional.

School speech and hearing therapists frequently cooperate with school nurses in threshold testing, and a close coordination with the school or department of health nurse is recommended.

Minimal case finding procedures recommended by the Ohio Department of Health for the estimated 2½ to 3 per cent of hearing impaired children includes all children in grades three, six and nine, new students, and referrals by nurses and teachers.

It should be further emphasized to the new therapist that screening procedures should be discussed in considerable detail with school administrators to insure that the program operates smoothly and with the full understanding and support of administrators and teachers.

After screening, the therapist's caseload should be selected only on the basis of a complete diagnostic speech and language test (where applicable) and thorough audiometric examination which should be either rechecked or given initially by the therapist. Referrals should be made to the school or family physician if medical evaluation is warranted. Other recommendations from specialists should be solicited, if indicated, prior to selection of the caseload. These referrals should be made in accordance with local district policies.

Nature of the Community

The manner in which the program is organized and even the type of cases selected is dependent upon the nature of the community involved. For example, where a shortage of personnel exists, most school administrators give a high priority to serving just the early elementary level students. In some large urban areas with adequate staff-pupil ratios, therapists sometime specialize in dealing with senior high school students, working with handicapped children in special classes (orthopedically handicapped, educable mentally retarded), or with related specialized difficulties. In many suburban areas, there is an unusually high preponderance of children with learning disabilities and/or behavior disorders, while in some urban areas more than 90 per cent of the students have difficulties which can be alleviated by a therapist who can serve as consultant to speech improvement activities in addition to regular duties.

Severity of Problems Identified

In general, the more severe and complex the problems identified, the smaller the class size the therapist will be able to effectively schedule.

For example, 81.6 per cent of the typical therapist's caseload is composed of articulatory problems.[1] Obviously, a larger caseload can be handled with these problems than if the caseload is predominantly composed of children with language disorders or other organic disorders.

Availability of Resources

The organization of classes and selection of caseloads will reflect the availability of both community resources and supportive personnel in the school district. In some cases, it might be advisable to refer certain cases to special clinics, hospitals, otologists, and others for more specialized and detailed evaluation and treatment. If a therapist is employed close to a major metropolitan area, the availability of community resources is greatly increased. Each therapist should compile a directory of such community services which includes basic functions, admissions policies, fee schedules, operational procedures, and the like. The therapist may want to make a determination relative to the overall program of each agency before recommending that a child be referred. Often other therapists in the area may be of assistance in this respect.

Depending upon the background and training of the school therapist, he should be careful about making referrals of difficult cases to outside agencies because: (1) it is difficult to provide follow-up services for these children and insure that services are actually being obtained; (2) expense in time and money for parents may be great; and (3) lengthy waiting lists at some agencies often exist.

Outside the major metropolitan areas, the therapist may have few, if any, immediately available referral sources. Caseloads in these areas frequently include more difficult cases as a result.

Therapists should utilize as referral sources increasing numbers of specialists, particularly in the areas of pupil personnel services, that are being employed by local school districts. In such districts, there should be close and continual professional communi-

[1]During the 1971-72 school year, caseloads also included the following categories: stutterers (3.4 per cent); disorders of language (10.0 per cent); hearing impaired (2.2 per cent); disorders of voice (1.5 per cent); cleft palate (0.8 per cent); and cerebral palsy (0.5 per cent).

cation on cases and programs between school psychologists, guidance personnel, school nurses, visiting teachers, school social workers, supervisors of special education programs, directors of pupil personnel services, and directors of regional resource centers. Increasingly, departments of special education and/or pupil services are developing in school systems, particularly the larger ones which consider speech and hearing therapy an integral aspect of a developed program for handicapped children of all categories.

School psychological evaluations, home visitation programs, and the liaison with medical personnel which nurses sometimes provide are examples of services being provided in more and more school systems which can be of major help to a therapist. Conversely, the therapist often has information which can be of assistance to other specialists in their work. In any case, therapists should not overlook either outside referral sources or professional services in their own districts which can assist the therapist in working with handicapped children.

Administrative assistance to speech and hearing therapists, especially in terms of development of programs on a "team" basis has been increasing. During the 1965-66 school year, 57.6 per cent of therapists were being supervised by administrators who in most cases can be assumed to have a basic knowledge of the role and function of the school speech and hearing therapist.[2] Increasingly, therapists are being housed in a defined pupil personnel and/or special education department in proximity with other specialists who can offer asistance in terms of referral agencies, supportive services, background information, and specialized help for the child.

Level of Student

The majority of school speech and hearing therapists identify more students than can be programmed for services during the school year. Therefore, the therapist must establish certain criteria for selecting those children who can be served most effectively. Although the school superintendent has the legal authority to assign any student to any program he deems adjustable, in virtually all cases he designates the school speech and hearing therapist to make the selection of individual cases. Although the decision is

[2]18.3 per cent were supervised by directors of special education; 24.5 per cent by directors of pupil personnel; 10.7 per cent by senior speech therapists, and 4.1 per cent who had a combination of the above titles. 40.5 per cent were directly responsible to a staff member with a general administrative background. Disturbing was the 1.9 per cent of therapists who had no idea who their direct supervisor was.

usually a difficult one because of the individual differences found in students, school systems, and the training and competencies of the therapists involved, some basic guidelines are suggested:

I. Prognosis: This is often very difficult to determine because such factors as attitude of the student, his friends and parents, degree of organic involvement, native ability, and consistency of substitutions in articulation are all important factors. If in the therapist's judgment prognosis is very poor, a judgment should in general be made on the basis of doing the greatest good for the most students possible.

II. Ability: As a general principle, children with the lowest mental age have the greatest difficulty in profiting from therapy. Many experts consider that a mental age of six can be an effective guideline if services need to be limited, although other factors such as motivation, independent study skills, emotional adjustment, and home and community environment are also important. However, the therapist's greatest general contribution to these children may be made during coordination time or after school as a consultant to special teachers and parents so they can develop and maintain a consistent speech improvement program.

III. Hearing: Auditory problems make up slightly less than two per cent of the caseloads of Ohio's therapists, yet should be given major priority for service. Children who are in need of speech reading and auditory training must have service if normal educational growth and development are to occur, especially if the hearing loss is progressive or severe enough to interfere with normal hearing.

IV. Multi-handicaps: With the continued expansion of classes in school districts for children with learning disabilities and behavioral disorders, and classes for children with other handicapping conditions, the speech and hearing therapist should seriously consider that a significant part of her caseload be devoted to children with multi-handicaps.

V. Severity of the problem: The degree of severity of any speech or language problem is difficult to determine, and must of necessity be highly dependent upon the judgment of the therapist. For example, seemingly minor psychogenic problems placed on a waiting list may have serious and increasing social and emotional disturbances. Although the therapist must continually guard against such cases, it is

felt that if limitations of size of caseload must be made, it is usually best not to eliminate problems of organic etiology.

VI. Maturity: Therapists need to have a considerable background in child and adolescent growth and development, especially as this relates to the speech and hearing mechanisms. A thorough knowledge of language development is necessary especially as it relates to changes in mental maturity. Since articulatory problems are the cause of almost eight of every 10 children on the caseload of Ohio's school therapists as now selected, and three of every five children enrolled are in grades K-12, it is possible that many of these children have minor problems which will disappear normally due to maturation. Therefore, considerable discretion should be used in enrolling young and immature students with minor articulation problems for therapy.

Competency of the Therapist

When any program of services is organized and the caseload selected, one of the most important variables for a school speech and hearing therapist is his general professional background and specific competencies. In large school systems, and in cooperative multidistrict programs, supervisors of speech and hearing therapy programs attempt to place therapists in school situations geared to these competencies. In smaller districts, the therapist may be asked to serve all language handicapped children in his community, regardless of his training or skill in dealing with a specific type of problem.

Therapists should recognize their area of competency and refer problems outside their skills to appropriate specialists, if available. In addition, the Code of Ethics of the Ohio Speech and Hearing Association states that it is unethical "to attempt to deal exclusively with speech and hearing patients requiring medical treatment without the advice of or on the authority of a physician."

The field of speech and hearing therapy is changing very quickly. New concepts, methodology and diagnostic instruments are continually being developed. In order for a therapist to remain professionally competent and deal with a realistic variety of communication problems in the schools, continual attempts to keep informed of new techniques and materials is essential. Membership in professional organizations, academic work, and subscriptions to pertinent journals are essential to this endeavor.

General Consideration

When a program is organized and the caseload selected, school speech and hearing therapists should be cognizant of the following:

I. If a child is receiving care from a psychiatrist, psychologist, or related mental health workers, he should not receive therapy unless it is specifically recommended by the specialist handling the case. Therapy may in some cases be harmful. At times the specialist may also be able to give guidelines which will help the therapist work with the child better.

II. If a child is receiving speech and hearing therapy on a private basis, he should not be enrolled in a class by the school speech and hearing therapist until after private treatment has terminated or unless a cooperative training program can be established.

III. Children who are physically unable to attend school even with the aid of transportation may be served by the therapist if home instruction (academic tutoring) is being provided for these educable children.

IV. School speech and hearing therapists cannot ethically assume a private practice which provides service to children in his school district who would be entitled to any assistance through the school program.

V. Children who attend schools near a school speech center may be transported to that center for special assistance. Before such a plan is initiated, the therapist should be cognizant of the time a student so transported would not be in regular school attendance, general transportation arrangements that will need to be made, local board of education policies, and general liabilities attendant to transporting students from one building to another.

Chapter 10

INSTRUCTIONAL PROGRAM

After initial screening and diagnostic evaluations are completed, it becomes necessary to systematically plan which students become a part of the active case load in each speech center. Since speech and hearing services are usually of an itinerant nature, a time schedule should be developed and approved by each administrator involved so that scheduling conforms with the operational program of the buildings. Therapists, therefore, must develop schedules which also consider other factors than just the number of problems and extent of student difficulties which have been identified. The following additional factors need to be considered when schedules are developed:

- General school schedule (recesses, lunchtime, regular extracurricular functions, bus schedules, starting and closing time of the building, and other special activities).
- Speech center scheduling (what other specialists utilize the therapy room, and when).
- General school calendar (vacation schedules, teacher work days).

The therapist then should develop in cooperation with pertinent personnel, a specific schedule of activities which can be made available to teachers and administrators. This schedule might include the following:

- Days present at each speech center.
- Name of each student enrolled for therapy, as well as his grade, room, and teacher.
- Coordination day.
- Exact time of therapy for each student.
- Name, telephone number, and central office address where a therapist can be located.

A therapist may wish to develop either one master schedule incorporating all of the above factors or establish two distinct types of schedules: (1) a permanent one showing the dates and times a therapist will be in each center; and (2) a schedule for a specific building indicating each student enrolled, grade, room, name of teacher, and exact time of therapy. In the latter case, the therapist can easily revise each speech center's schedule as needed.

Scheduling Methods

In Ohio, two distinct methods of scheduling are incorporated in the state program standards (see Chapter 6). Either the traditional or intensive cycle methods of scheduling should be utilized, although recent research indicates a combination of scheduling may be optimum.

The *traditional method* of scheduling basically requires a minimum of twice-weekly therapy sessions for each elementary school student on the caseload until each child is either dismissed or obtains maximum improvement. Once a week sessions are permitted for high school students. The number of centers in which a speech therapist works is determined by the enrollment of the building and needs of the children. Not more than four centers are recommended, and according to state standards not more than six centers shall be established. Active case loads vary between 75 and 100 children at any time. This method was the only one utilized in Ohio over the last two decades, and resulted in corrections or dismissals from therapy of between 30 and 40 per cent per year. In 1970-71, approximately 70 per cent of Ohio's school speech and hearing therapists used the traditional scheduling method.

Personnel interested in speech correction in Ohio suggested that perhaps other methods of scheduling should be explored in the hopes that a larger number of cases could be dismissed from therapy and a greater total number of students served.

Ohio State Board of Education Standards adopted in 1962 provided for the approval of state reimbursement units for experimental programs designed to provide a "new or different approach to the techniques and/or methodology related to speech and hearing therapy." This provision provided an opportunity for the Division of Special Education to explore with local school districts the value of new approaches to scheduling. Between 1962 and 1966, Brecksville, Cleveland, Dayton, East Cleveland City Schools and the Crawford County Schools explored the intensive cycle method of scheduling. As a result of this research, the State Board of Education revised its program standards in 1966 to permit this method of scheduling as an alternate to the traditional one.

When the *intensive cycle method* of scheduling is adopted, at least four half days per week are scheduled in each center, usually on a consecutive basis. The remaining one-half day is used to follow up cases in previous cycles where continued treatment is indicated. Each center must be scheduled for a minimum of two to a maximum of four cycles per year, insuring that students are seen

in blocks of time at least twice a school year. The individual intensive cycles scheduled at a particular center shall not be consecutive, but shall alternate with time blocks in other centers. The length of each cycle should be at least five to a maximum of 10 consecutive weeks. Usually, the first cycle in a center is longer to provide sufficient time for screening, selecting pupils, and initiating the program.

As with any scheduling method, there are distinct advantages and disadvantages that develop. On the basis of research data in Ohio schools, the following are noted with respect to intensive cycle scheduling:

I. General advantages:
   - A. A greater number of children could be enrolled during the school year.
   - B. A larger percentage of children were dismissed from therapy as having obtained maximum improvement.
   - C. The length of time children with articulatory problems were enrolled in speech therapy was reduced.
   - D. Although not statistically significant, the Brecksville study gave some indications that a greater carryover of improvement occurred.
   - E. Closer relationships between the therapist and school personnel and parents were noted due to the greater acceptance of the therapist as a specific part of a particular school's staff.
   - F. Students appeared to sustain interest in therapy over a longer period of time.
   - G. Less time was needed in reviewing a lesson since daily therapy sessions occurred.

II. General problems:
   - A. Some difficulties of a psychogenic nature may need more frequent contacts on a regularly scheduled basis.
   - B. Administrative problems and reactions to students leaving a classroom on a daily basis may be a problem if the intensive cycle program is not carefully explained to the school staff.
   - C. Monopolization of a shared room for therapy services may cause scheduling problems.
   - D. Presently, therapists in Ohio have no real training in working with intensive cycle scheduling, and adjust-

ment may be difficult. Student teaching in intensive cycle scheduling is presently difficult to obtain.

The actual method of scheduling selected depends upon the therapist's interest and inclinations as well as the identified needs within the local school district. Either the traditional or intensive cycle methods of scheduling may be used.

Lesson Planning

After careful selection of the caseload, perhaps the most important problem facing the therapist is the development of effective lesson plans. A great deal of outside preparation is necessary to develop appropriate plans for each child on the caseload which take into account the diagnosed problems as well as the child's general maturity, severity of the problem, general ability, motivation, and prognosis. These lesson plans should be written, and include besides general goals and objectives the specific methods, techniques and materials to be utilized each day with each child. Individual differences need to be taken into account, and techniques and materials should vary from child to child and from group to group. It is often useful to integrate lesson plans with subject matter in the regular class. Although this is often difficult to do because of the itinerant nature of scheduling speech and hearing therapy services, it is considered to be essential. Some therapists have presented materials above the reading level of students either in therapy or on practice lists given to work on newly acquired speech patterns at home. In general, material to be read by a student in therapy should be one to two years below his general reading level to insure that he can read it with reasonable ease.

By coordinating lesson plans with regular classroom learning, both academic learning and the idea that improved speech skills are useful outside of therapy sessions are reinforced. Spelling lists, arithmetic problems, and general reading materials are usually easy to obtain from the classroom teacher.

Not only should the therapist plan ahead of time the specific lessons to be used in therapy, he should also ensure that therapy materials are available before sessions commence. In addition, brief records of the results of therapy and techniques which might be useful in the future should be maintained.

Especially for younger children, charts and graphs showing individual progress can be an important and effective motivating device. Students can then see how well they are developing good

speech patterns, and the fact that what is being done in therapy has a definite positive effect can more easily be noted.

Carry-over

One of the difficulties inherent in any speech and hearing therapy program is that students generally spend less than one per cent of their time in any one week in therapy. Unless the student actually practices his developing speech patterns outside of therapy, the time spent with the therapist will be of little avail. Therefore, it is very important that the therapist make well-planned provisions for the child to practice his new speech patterns at home and school. Improvement is directly dependent upon the motivation of the individual child to practice and the willingness of other personnel to help.

School speech and hearing therapists may wish to use commercial workbooks or develop their own to be used in carry-over activities. Contact with the parents and continual follow-up with them is of help if the parents are motivated and if they do not have speech defects that would be incompatible with working with the child. Teachers, and even other students may upon occasion be valuable to this endeavor, particularly if the therapist has a well-designed and carefully considered plan to help these interested parties help the child.

Termination of Therapy

The final judgment of when students are to be dismissed from the caseload usually rests with the individual therapist. Dismissals result when a child has reached maximum improvement, or when in the judgment of the therapist further work with the child will yield minimal results. Dismissals may be based on a variety of reasons: the child's speech pattern may be considered corrected, for example, or his motivation might be so low as to render further therapy of little use.

The therapist should give as much consideration when a child is to be discharged from therapy as when the original selection for service was made. In most cases, the therapist will wish to re-evaluate the student's speech and/or hearing difficulties when therapy is terminated. He may wish another therapist to evaluate the child to confirm his judgments. He should in any case notify the parents and school personnel that therapy is being stopped, and why. Additional counseling with the student, his parents, or teacher may be indicated in many instances, particularly if sug-

gestions for future needs are made. Often, the therapist may wish to gradually taper off the number of therapy sessions when considering dismissal of a child from therapy. This is most appropriate when the child needs only occasional reinforcement to insure that good speech patterns are continued, or if the child has become dependent upon the therapist for emotional support.

When therapy is terminated, a permanent record should be made relative to diagnosis, progress through therapy, and duration of services.

Follow-up Cases

Periodic assessment of children dismissed from therapy should be made over at least a two-year period. Follow-up should be done in a systematic manner. Coordination time lends itself in particular to this activity. When therapy is terminated, the child should be checked approximately two to three months later to insure that progress has been maintained. If no problem exists at this time, a cursory evaluation about a year later will be sufficient to place the case folder or card in the therapist's inactive file.

Frequently, students have been identified as candidates for speech therapy but because of insufficient staff cannot be included in the program. These students should be re-assessed at least once each year until adequate services can be provided. A current waiting list should be maintained by the therapist.

Follow-up is also relevant in cases where children have been referred to other agencies. Many agencies are happy to supply progress reports and recommendations for school action to the school speech and hearing therapist. In addition, some agencies are most appreciative if the school therapist can provide periodic progress reports relative to school behavior of the child.

Chapter 11

RECORDS AND REPORTS

It is expected that each therapist shall maintain adequate records of all students, including those screened, those presently a part of the caseload, those waiting for therapy, and those dismissed from therapy. In order for a program of speech and hearing services to perform at an effective level, periodic reports to keep administrators, teachers, and parents informed of progress and basic needs should also be made.

It is not expected that lengthy and detailed records be kept for each child. Records should be concise, accurate, easily accessible to the therapist, and be kept in a locked file if confidential information is included.

It is recommended that when a child is enrolled for therapy, his parents or guardian are notified so that both permission for therapy and mutual information can be obtained. Periodic written and oral reports to parents should be made. Home visits or conferences at school are encouraged so that parents can learn more about the nature of the child's handicap and ways in which they might help at home.

In addition, a report to the classroom teacher can provide him with information about how to help the child. This is also a good method of learning how well a child is progressing outside of the therapy situation.

Principals of buildings in which speech centers are located are generally most appreciative of periodic oral reports of progress or difficulties encountered with particular children. A brief written report concerning caseloads in the particular center should be made at the end of each semester, and should include such data as: (1) students dismissed; (2) students enrolled; (3) children on a waiting list; and (4) a short statement of the progress of each child receiving therapy.

The administrator directly responsible for supervision of speech and hearing therapy services should be continuously informed of pertinent developments in the program. An annual report to the administrator should be made in a concise manner. Items included in such a report might be:

1. Statistical data: Number of students screened; enrollment in classes by level and type of problem; number dismissed

from therapy; total on the waiting list; and number to be continued in therapy during the coming year.

2. Descriptive data: Inservice training programs, special projects, attendance at professional meetings, and the like.
3. Recommendations: Suggestions for improving the program of services should be included.

An annual report of speech and hearing therapy services is required by the Ohio Department of Education. An example of this report may be found in Appendix A. All school speech and hearing therapists should receive a similar annual report form from the Division of Special Education by the end of each school year.

Chapter 12

SOURCES OF PROFESSIONAL ASSISTANCE

It is essential that school speech and hearing therapists become familiar with potential sources of assistance at both the state and local levels. Therapists will frequently be asked where children with specific types of handicaps can be referred. Some of the agencies most pertinent for those interested in speech and hearing impaired children are listed below.

State Sources

Educational Consultant
Speech and Hearing Therapy
Division of Special Education
Ohio Department of Education
933 High St.
Worthington, Ohio 43085

Medical Director
Bureau of Crippled Children Services
Ohio Department of Welfare
527 South High Street
Columbus, Ohio 43215

Chief, Hearing and Vision Conservation Unit
Ohio Department of Health
450 East Town Street
Columbus, Ohio 43215

Director
Bureau of Vocational Rehabilitation
Ohio Department of Education
240 South Parsons Avenue
Columbus, Ohio 43215

Executive Director
United Cerebral Palsy of Ohio, Inc.
601 Commercial Building
Dayton, Ohio 45402

Ohio Society for Crippled Children and Adults
311 Kendall Place
Columbus, Ohio 43205

Training Universities

There are speech and hearing clinics in the nine universities in Ohio approved by the Division of Teacher Education and Certification for the preparation of school speech and hearing therapists. Although there are some differences in terms of general organization and operating policies, the therapist may find occasion to use the university-sponsored clinic as a referral source, especially if a more intensive diagnosis and treatment than a therapist is qualified to give appears warranted. Inquiries may be made at the following universities:

Director
Speech and Hearing Clinic
University of Akron
Akron, Ohio 44304

Director
Speech and Hearing Clinic
Bowling Green State University
Bowling Green, Ohio 43402

Director
Speech and Hearing Clinic
Case-Western Reserve University
Cleveland, Ohio 44106

Director
Cleveland State University
Speech and Hearing Clinic
Cleveland, Ohio 44115

Director
Speech and Hearing Laboratories
Old Commons Building
University of Cincinnati
Cincinnati, Ohio 45221

Chairman
Division of Speech Pathology
and Audiology
Kent State University
Kent, Ohio 44240

Director
Speech and Hearing Clinic
The Ohio State University
322 Derby Hall
Columbus, Ohio 43210

Director
Speech and Hearing Clinic
Miami University
Oxford, Ohio 45056

Director
School of Speech and
Hearing Science
Ohio University
Athens, Ohio 45701

Pediatric Otological Diagnostic Clinics

The Ohio Department of Health has been instrumental in establishing regional Pediatric Otological Diagnostic Clinics in many areas of the state. The centers are staffed by a pediatrician, otologist, speech clinician and audiologist, and children may be referred for evaluation through the local city or county health department. Some counties do not participate in the clinic. Children in such regions may be scheduled into the nearest clinic by contacting the Chief of the Hearing and Vision Conservation Unit, 450 East Town Street, Columbus, Ohio 43215.

Saturday Clinics

Through the Ohio Department of Health, a number of "Part-time Saturday Clinics" have been established throughout Ohio. All ages may be served by these clinics.

Hearing Conservation

The chief responsibility of the therapist is speech therapy, and he cannot be expected to do extensive hearing screening. Nevertheless, he should work closely with his school nurse or health department to develop an effective hearing testing program. If no such program exists, he may wish to work with school and health personnel to develop a hearing conservation program. Consultive

advice, forms, literature, and general support may be obtained from an Ohio Department of Health Hearing and Vision Consultant in the following locations:

Northeast District Office
2025 Second Street
Cuyahoga Falls, Ohio 44221

Northwest District Office
133½ South Main Street
Bowling Green, Ohio 43402

Southeast District Office
Box 150
Nelsonville, Ohio 45764

Southwest District Office
310 Ludlow Street
Dayton, Ohio 45402

Ohio Department of Health
450 East Town Street
Columbus, Ohio 43215

Ohio's Project for Deaf-Blind

The Ohio Department of Education, through the Mid-West Regional Center for Services to Deaf-Blind Children, has recently secured federal funds to begin developing services to deaf-blind children.

The goal of this project is to provide deaf-blind children with appropriate educational services and/or programs.

The major components of this project are:

- A comprehensive assessment of deaf-blind children.
- An Educational Clinic to include diagnostic teaching.
- An Educational Consultant to focus on follow-up of children identified as deaf-blind and to develop appropriate day-school programs for deaf-blind children in the urban areas of the state.

It is the intent of this project to provide direct services to deaf-blind children and the parents, and at the same time validate an appropriate educational program for deaf-blind children throughout the state.

Definition of a Deaf-Blind Child

A deaf-blind child is one who has both auditory and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that he cannot properly be accommodated in special education programs either for the hearing handicapped child or for the visually handicapped child.

For further information regarding this project contact the Division of Special Education, 933 High St., Worthington, Ohio 43085.

Professional Organizations

It is important that all professional personnel continue their education through inservice education, publications, and program development. Members in these professional organizations can also provide consultant services to local speech and hearing therapists under certain conditions:

- American Speech and Hearing Association: Information relative to membership and ASHA certification can be obtained by contacting the Executive Secretary, American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D. C., 20014. School therapists who hold the bachelor's degree may join the ASHA journal group.
- National Association of Hearing and Speech Agencies: Located at 919 18th Street, N.W., Washington, D. C., this organization has almost 200 member organizations in the United States interested in communication handicaps affiliated with it. Many local and state hearing centers and university clinics are affiliated. Individuals may now obtain membership.
- Council for Exceptional Children: Information concerning membership may be obtained by contacting the Council at the National Education Association, 1201 Sixteenth Street, N.W., Washington, D. C., 20036, or the local chapter in your area. Many children with speech problems have difficulties in other areas, and this organization and its state and local chapters attempts to keep members informed of basic trends, issues, and research in all areas of exceptionality.
- Ohio Speech and Hearing Association: Membership in the American Speech and Hearing Association is not a prerequisite to membership in the Ohio Speech and Hearing Association. Information relative to membership may be obtained by the organization's secretary, 933 High St., Worthington, Ohio 43085. Besides professional meetings, OSHA publishes the *Ohio Journal of Speech and Hearing.*
- Local Associations of Speech and Hearing Therapists: Recently a number of local associations have been forming. For further information about the membership chairman of

each of these groups, contact the Division of Special Education:

Central Ohio Speech and Hearing Association
Southwestern Ohio Speech and Hearing Association
Mahoning Valley Speech and Hearing Association
Miami Valley Speech and Hearing Association
Portage County Speech and Hearing Association
Sandusky Valley Speech and Hearing Association
Stark County Regional Speech and Hearing Association
Summit County Speech and Hearing Association
Northwestern Ohio Speech and Hearing Association.
Southeastern Ohio Speech and Hearing Association

- General Local Sources: School speech and hearing therapists should not overlook the many local groups interested in promoting child welfare. Some of these organizations have special funds which can be used to assist handicapped children. Although these groups and their potential services vary throughout the state, each community area has a health department, welfare department, and medical society. Many have mental hygiene clinics and hearing and speech centers in addition to interested civic associations.

Chapter 13

SPECIAL STATE PROGRAMS FOR HEARING IMPAIRED[1]

Educational Evaluation Clinic Team

Children to be considered for admission to the Ohio School for the Deaf are referred to the Educational Evaluation Clinic maintained by the Ohio School for the Deaf and the Division of Special Education. This clinic is held monthly throughout the year at the Ohio School for the Deaf. Hearing, psychological and educational evaluations are made without charge. Clinic appointments are made only upon request from the superintendent of the school district in which the child legally resides. Parents seeking an appointment should make their request directly to the local superintendent of schools.

Findings of the Educational Evaluation Clinic Team are reported to a Review Committee consisting of three members appointed by the State Board of Education. Membership on this Committee at the present time consists of the Director of Special Education, the Superintendent of the Ohio School for the Deaf and one member appointed by the Superintendent of Public Instruction. It reviews each case individually and makes a recommendation to the Office of the Assistant Superintendent of Public Instruction on the basis of the child's educational needs, the availability of suitable programs in the state, and the preference of the child's parents relative to educational placement. The recommendation from this latter office is sent to the superintendent of the local school district. He then has the responsibility for sharing both the findings and the recommendation with the parents and all members of the school staff involved in programming the child. He may also notify community agencies directly involved in implementing the recommendations.

Children may be referred for further examination and study to the Medical Clinic Team, consisting of a pediatrician, ophthamologist, otologist, otolaryngologist and a neurologist. The services of this team are provided through the cooperation of the Ohio Department of Health. This clinic is held monthly during the school

[1] Speech and hearing therapists wishing to know more about programs for hearing handicapped are referred to the following publication: Hartwig, J. William, and Jones, Christina C., *Ohio's Program for Hearing Handicapped Children.* Columbus: Ohio Department of Education, 1966.

year. A complete report of the Medical Clinic Team is forwarded to the Central Review Committee. Any further suggestions resulting from this medical evaluation will be sent in a written report to the local school district. All children referred to the medical clinic must have been seen initially by the Educational Clinic Team.

Children already enrolled in special education classes may be referred for evaluation by the Education Evaluation Clinic Team if the local school authorities feel further study seems warranted.

Ohio School for the Deaf

In 1827, enabling legislation provided for the establishment of a Board of Trustees to initiate an "asylum for Educating the Deaf and Dumb." The first classes in the "asylum" were opened in 1829. After a number of moves, the present Ohio School for the Deaf was opened in 1953 at 500 Morse Road, Columbus, Ohio. At the present time, approximately 275 children are being instructed at this residential facility.

In 1960, the State Board of Education adopted policies relative to admission and dismissal criteria to the school, and approved the establishment of the Educational Evaluation Clinic to insure better services to hearing handicapped children.

Admission procedures and criteria considered in placement of students are outlined below:

A. Admission:
   1. Procedures
      (a) All deaf and all deaf-blind children will be referred to the Division of Special Education.
         (1) All referrals will be made by the school district of residency of the hearing impaired child.
         (2) The Division of Special Education will maintain a central file for all information concerning deaf children.
      (b) All deaf children referred will be seen by a staff clinic team for evaluation in the following areas:
         (1) Otological
         (2) Audiological
         (3) Psychological
         (4) Educational
         (5) Other special areas may be included when

additional information is necessary to complete the evaluation.

(c) The report of each child will be referred to the following committee:

(1) Superintendent, Ohio School for the Deaf or his designated representative.

(2) Director, Division of Special Education.

(3) One member will be designated by the Superintendent of Public Instruction.

(d) The committee recommendations will be submitted to the Superintendent of Public Instruction for appropriate action.

2. Criteria for Admission—Children may be admitted as either a residential or a day school student at the Ohio School for the Deaf:

(a) If they have a severe through profound hearing loss in the speech range. This is an average 70 decibel loss or more in the better ear for the frequencies 500-2000 Hz. (ISO-1964).

(b) If they are capable of profiting substantially by instruction. This will be determined by the standards adopted by the State Board of Education under Section 3321.05 R.C.

(c) If they have sufficient physical and social maturity to adjust to the discipline of formal instruction and group living.

3. Placement — Factors that will be considered in placement of children are:

(a) Availability of a suitable local school program.

(b) Needs of individual children.

(c) Parental preference.

Chapter 14

AUDIOMETRIC EVALUATIONS

Participation by the school speech and hearing therapist in hearing testing programs is dependent upon the policies established by local school systems and Department of Health. In general, the therapist should **not** be expected to become involved in extensive screening programs. However, therapists should definitely evaluate the hearing of each student on the caseload and also become involved upon request in retesting selected cases.

There is a legal basis regulating hearing testing in Ohio. Section 3313.69, Ohio Revised Code, provides that either boards of education or boards of health must evaluate students for visual and auditory defects. "The methods of making such tests and the testing devices to be used shall be such as are approved by the department of health." Boards of education may appoint a school physician. If they do not, Section 3313.73, Ohio Revised Code, states that "the board of health shall conduct the health examination of all school children in the health district."

School Screening Programs

According to estimates by the Ohio Department of Health, between 2½ and 3 per cent of children have a hearing difficulty serious enough to require a referral to a physician for adequate diagnosis and treatment. Minimal hearing screening programs should include all children in the first, third, sixth and ninth grades, as well as new students and special referrals.

It is recommended that individual pure tone audiometry is the best screening method. The audiometer should be calibrated yearly to the International Standards Organization specifications. (See Appendix D)

In general, the following two-phase testing procedure is utilized:

I. A sweep test:
Generally, nurses or specifically trained volunteers conduct sweep tests, rather than school speech and hearing therapists. If a child fails to hear one or more tones in either ear at frequencies of 250, 500, 2,000, 4,000 and 8,000 Hz at a sound pressure level of 25 dB, (ISO, 1964), a threshold test should be given.

II. A threshold test:
Trained nurses and school speech and hearing therapists should conduct the threshold tests of hearing acuity of any child who fails a sweep test.

Once it has been established by the threshold tests that hearing difficulties are suspected, referral to a physician for diagnosis and treatment should be made as soon as possible. It is suggested that an individual conference with the parent prior to referral often relieves their anxiety and permits a mutual dissemination of valuable information. When a child is referred, most physicians appreciate receiving the results of the threshold testing and any significant observation by the teacher or therapist which might be pertinent to the case.

APPENDIX A

Suggested Record and Report Forms

Annual Report of Services

Instructions for Reporting Due at Close of School Year

Copies of the Annual Report of Speech and Hearing Therapy are to be made by each therapist in duplicate for each school district in which she works. One copy is to be retained by the superintendent and the other sent to: Educational Consultant, Speech and Hearing Therapy, 933 High Street, Worthington, Ohio 43085.

Speech centers are the buildings in which regular speech therapy classes are conducted. Children from other schools are to be counted in the class enrollment of the building in which they receive therapy.

ANNUAL REPORT OF SPEECH & HEARING SERVICES

School District_____ County_____

Therapist _____ Date_____

Please report children from any special classroom who received therapy along with those from regular classroom. Do not count child more than once in the category of his major disorder.

This report should be forwarded to the Educational Consultant, Speech and Hearing Therapy, Division of Special Education, 3201 Alberta Street, Columbus, Ohio 43204, at your earliest convenience and not later than June 30, 1972.

	Active Caseload	Waiting List
I. Classification of Disorder		
A. Articulatory	_____	_____
B. Language	_____	_____
C. Stutterers	_____	_____
D. Cleft Palate	_____	_____
E. Cerebral Palsy	_____	_____
F. Voice	_____	_____
G. Hearing	_____	_____
H. TOTAL:	_____	_____

	Active Caseload	Waiting List
II. Caseload Enrollment by Grade Level		
A. Elementary (K-3)	_____	_____
B. Elementary (4-6)	_____	_____
C. Junior High (7, 8, 9)	_____	_____
D. Senior High (10, 11, 12)	_____	_____
E. Educable Mentally Retarded	_____	_____
F. Learning Disabilities and Behavioral Disorder	_____	_____
G. Deaf, Blind, Crippled Classes	_____	_____
H. TOTAL:	_____	_____

III. Report of Audiometric Services done by Therapist
_____ Hearing Screening
_____ Threshold Tests
_____ Other

IV. Referrals to:
_____ School psychologist
_____ School Nurse
_____ Otologist
_____ Other Physician
_____ Speech and Hearing Clinic, Community University, etc.
_____ Orthodonist
_____ Other — specify
_____ TOTAL

V. ADDITIONAL DATA:

A. Schedule: (Check one)
Traditional _____
Intensive Cycle _____ No. of cycles _____ Length _____
Combination _____

B. Number of parent conferences: _____

C. Number of teacher conferences: _____

D. Your school district enrollment: _____

E. Number of full-time therapist employed: _____
Part-time _____

F. Undergraduate degree from _____ in 19__

G. Graduate degree from _____ in 19__

H. Are you enrolled in Graduate School now? ——Yes ——No

I. Are you engaged in private practice? _____
If so, how many hours per week? _____

Please make any additional comments on the back of this sheet concerning the Ohio Speech and Hearing Therapy Program in the schools.

APPENDIX B

CODE OF ETHICS OF THE OHIO SPEECH AND HEARING ASSOCIATION

Loyalty and regard toward the association shall be manifested by:

A. Upholding the honor and dignity of the Association.

B. Promoting the welfare and interests of the Association and its members.

C. Establishing leadership and inspiring the regard of the general public in the field of speech and hearing therapy. Members shall safeguard as confidential and secret, conversations, case histories, diagnostic information and names of speech and hearing patients. Such privacy shall be protected both through adequate security of records and careful communication.

Members shall consider the following as unethical:

1. To guarantee to cure any disorder of speech.
2. To offer in advance to refund any part of a person's tuition if his disorder of speech is not arrested.
3. To make "rash promises" difficult of fulfillment in order to gain profit financially.
4. To use blatant or untruthful methods of self-advancement.
5. To advertise to correct disorders of speech entirely by correspondence.
6. To attack the work of other members of the Association or any Allied Association in such a manner as to injure their professional standing and reputation.
7. To attempt to deal exclusively with speech and hearing patients requiring medical treatment without the advice of or on the authority of a physician.
8. To continue treating a person after obvious recognition that he cannot improve beyond a certain point.
9. To charge exorbitant fees for treatment.
10. To use membership in this Association as part of an advertisement.

APPENDIX C

THE ROLE AND FUNCTION OF THE PROFESSIONAL STAFF IN THE DIVISION OF SPECIAL EDUCATION

Across Ohio new needs are emerging out of local programs for exceptional chilren. As these needs emerge and are identified, the role and function of the professional staff of the Division of Special Education are in need of evaluation and modification. To facilitate this evaluation, the staff has given consideration to the changing needs and the implications for the Divison.

Several major issues can be identified. One issue is the relationship between general and special education. Special education is necessary because:

- Significant physical, intellectual, social and emotional differences can be found in any group of children.
- Children with significant deviations in physical, intellectual, social and emotional development are being recognized in increasing numbers throughout the state.
- These exceptional children present instructional problems that cannot be met within the existing framework of the program of general education.

Therefore, special education programs and services emerge from the program of general education to meet the instructional needs of exceptional children.

Another major issue is the relationship between the regulatory and the leadership functions of the professional staff of the Division. The following factors are evident.

1. The professional staff has a direct mandate from the Ohio Legislature and the State Board of Education to enforce minimum standards in local programs which are partially or fully reimbursed with state moneys.
2. Most local programs meet minimum state standards but many do not approach optimal goals in serving the needs of exceptional children.
3. The most common local problem in Ohio today appears to be the need for leadership and assistance in identifying, developing and maintaining optimal special education programs and services for exceptional children.

I. Professional Field Services

The following procedures are a general guide in making visits and evaluating local programs and services in special education.

A. The initial contact should be made by letter.

1. This letter should be sent to the person in charge of the local special education program with a copy to the general administrator responsible for the program and in all cases to the superintendent of schools.
2. It should be mailed at leats two weeks in advance of visit.
3. It should contain the following specifics:
   (a) The date of the proposed visit, time of arrival and length of stay should be clearly indicated.
   (b) The procedures and purposes of the visit should be clearly outlined.
   (c) A request for an alternate date should be included if the date selected is not appropriate for the school personnel.

B. The field visit should include the following procedures.

1. A personal contact with the person in charge of the local special education program should be made.
2. The purpose and procedures of the field visit should be outlined immediately upon arrival.
3. A structured set of criteria and procedures should be used to facilitate visitation.
4. Observations should be noted and questions should be raised about points in the program which are not clear.
5. Observations, suggestions and recommendations should be summarized in a conference near the end of the visitation.
6. The following priority of needs should be used in selecting programs for visits:
   (a) Questionable programs
   (b) New Programs
   (c) Experimental programs
   (d) Established programs

C. The follow-up procedures should include the following reports.

1. A letter to the school district:

(a) This letter shoud be addressed to the person in charge of the local special education program with copies to the general administrator responsible for the program and in all cases to the superintendent of schools.

(b) The content of the letter should include a thank you note, a discussion of the program's strengths, a review of the discussion and suggestions, a list of standards not compiled with and an outline of further recommendations or activities.

2. A report to the Director:

(a) This report should include a copy of the letter sent to the school district.

(b) This report should identify problems in relation to organization, administration, personnel and instruction.

(c) This report should identify the most significant strengths and weaknesses of the program.

(d) This report should include any recommendations for future administrative action.

II. Professional Leadership

The following outline is a general definition of the role of the educational consultant in assisting local programs identify, develop and maintain optimal programs and services for exceptional children.

A. Professional literature and materials

1. Establish procedures by which local materials can be exchanged.
2. Periodically prepare a selected bibliography of significant materials.
3. Write or prepare materials that are needed but not available.

B. Preservice education programs

1. Identify unmet needs in university and staff program.

2. Serve as an instructor on an emergency basis.
3. Serve as a resource person for university students and instructors.
4. Assist in the development of new professional curricula.
5. Assist in the evaluation and improvement of existing professional curriculum.

C. Inservice education programs
1. Provide professional field services.
2. Conduct and encourage area professional meetings.
3. Encourage and assist professional organizations.
4. Encourage and stimulate development of appropriate non-credit workshops and courses.

D. Research studies and experimental projects
1. Identify research needs.
2. Initiate and conduct research studies and experimental projects.
3. Promote and encourage research studies and experimental projects.
4. Interpret and disseminate findings and conclusions.

E. Professional relations at the local state and national level
1. Maintain membership in professional organizations.
2. Attend meetings of professional organizations.
3. Contribute to journals of professional organizations.
4. Provide leadership for professional organizations.

F. Appropriate and desirable criteria for optimal special education
1. Initiate procedures by which these criteria can be identified.
2. Encourage schools to use the criteria in self-evaluation.
3. Utilize criteria in professional field services.

G. Extension of present programs in special education
1. Identify unmet needs within present standards.
2. Assist local district in establishing new programs or expanding established program.

H. Identification of emerging needs for new programs in special education

1. Identify unmet needs not now provided for within existing standards.
2. Encourage and stimulate the development of pilot studies and experimental programs.
3. Evaluate results of studies and submit recommendations for needed modifications in existing law and standards.

APPENDIX D

Program Standards for Special Education Units for Deaf Children

Program Standards for Special Education Units for Hard of Hearing Children

Ohio

State Board of Education

EDb-215-01 PROGRAM STANDARDS FOR SPECIAL EDUCATIONAL UNITS FOR DEAF CHILDREN

(Adopted August, 1966)

(A) General

(1) A special education unit or fractional unit for deaf children may be approved only within these standards.

(2) A special education unit or fractional unit may be approved for an experimental or research unit designed to provide a new or different approach to educational techniques and/or methodology related to deaf children.

(3) A special education unit for supervision of a program including classes for deaf children and/or classes for hard of hearing children may be approved where there are ten or more units.

(4) The superintendent of the school district of attendance (or his designated representative) is responsible for the assignment of pupils to approved special education units.

(5) All children enrolled in an approved special education unit for deaf children shall meet the standards listed below.

(B) Eligibility

(1) Any educable child who meets the following requirements shall be eligible for placement in a special education unit for deaf children:

(a) Has an intelligence quotient of 50 or above based upon an individual psychological examination administered by a qualified psychologist, is capable of profiting substantially from instruction, and is of legal school age.

(b) Has a relatively flat audiometric contour and an average pure tone hearing threshold of 70 dB or greater for the frequencies 500, 1000 and 2000 Hz in the better ear (ISO-1964), or

Has an abruptly falling audiometric contour and an average pure tone hearing threshold of 70 dB or greater in the better ear for the two better fre-

quencies within the 500-2000 cps frequency range (ISO-1964), or

Functions as a deaf child and is approved for placement in special education class by the Division of Special Education.

(2) A current audiological and otological examination shall be required for placement in approved special education units for deaf children. Periodic examination shall be required for continued placement in an approved pro gram.

(3) Deaf children with intelligence quotients between 50-80 **should be placed in a special education program for slow learning deaf children.**

(C) Class Size and Age Range

(1) The enrollment of preschool-age deaf children in a unit on a half-day basis shall be a minimum of 6 and a maximum of 8.

(2) In primary and intermediate units the minimum enrollment shall be 6 and a maximum of 8.

(3) The class size for junior high and senior high units shall be:

(a) A minimum of 6 and a maximum enrollment of 8 for self-contained classes.

(b) A minimum of 6 with the maximum enrollment not to exceed 12 when a minimum of 4 children are integrated into programs for hearing children.

(c) A minimum of 8 with the maximum enrollment not to exceed 15 when a minimum of 8 children are integrated into programs for hearing children.

(4) The chronological age range for a class of deaf children at an level of instruction shall not exceed 48 months.

(D) Housing, Equipment and Materials

(1) A special education unit for deaf children shall be housed in a classroom in a regular school building (or in a special public school) which meets the Standards adopted by the State Board of Education, with children of comparable chronological age.

(2) A special education unit for deaf children shall provide space adequate for the storage and handling of the spe-

cial materials and equipment needed in the instructional program.

(3) A special education unit for deaf children shall provide the materials and equipment necessary of the instruction of these children.

(a) Each classroom shall be equipped with suitable group auditory training equipment. Provision shall be made for maintenance and repair.

(E) Program

(1) Teachers of the deaf shall follow outlines and/or special courses of study in their daily program planning.

(2) A special education program for deaf children may be approved at the preschool, primary, intermediate, junior high school, and/or senior high school level.

(3) Special education programs for deaf children should provide continuing instructional programs and services from preschool through the secondary levels.

(4) Classes for deaf children may be organized as self-contained units in which the children receive full time instruction from the special teacher.

(5) Classes for deaf children may be organized so that provision can be made for some children to receive full time instruction from the special teacher while others receive some instruction from the special teacher and are integrated on the basis of the child's ability to succeed.

(6) There shall be written policies for the selection and placement of children in classes with hearing children on a full- or part-time basis.

(7) There shall be evidence of periodic evaluation of the educational progress of all children placed in approved units for deaf children.

(F) Teacher Qualifications

(1) A teacher shall meet all the requirements for certification as established by the State Board of Education for this area of specialization.

Ohio

State Board of Education

EDb-215-02 PROGRAM STANDARDS FOR SPECIAL EDUCATION UNITS FOR HARD OF HEARING CHILDREN

(Adopted August, 1966)

(A) General

(1) A special education unit or fractional unit for hard of hearing children may be approved only within these standards.

(2) A special education unit or fractional unit may be approved for an experimental or research unit designed to provide a new or different approach to educational techniques and/or methodology related to hard of hearing children.

(3) A special education unit for the supervision of a program including classes for deaf children and/or classes for hard of hearing children may be approved where there are 10 or more units.

(4) The superintendent of the school district of attendance (or his designated representative) is responsible for the assignment of pupils to approved special education units.

(5) All children enrolled in an approved special education unit for hard of hearing children shall meet the standards listed below.

(B) Eligibility

(1) Any educable child who meets the following requirements shall be eligible for placement in a special education unit for hard of hearing children.

(a) Has an intelligence quotient of 50 or above based upon an individual psychological examination administered by a qualified psychologist, is capable of profiting substantially from instruction, and is of legal school age.

(b) Has a relatively flat audiometric contour and an average pure tone hearing threshold of 50 dB or greater for the frequencies 500, 1000 and 2000 Hz in the better ear (ISO-1964), or

Has an abruptly falling audiometric contour and an average pure tone hearing threshold of 50 dB or

greater in the better ear for the two better frequencies within the 500-2000 Hz frequency range (ISO-1964), or

Functions as a hard of hearing child and is approved for placement in a special education class by the Division of Special Education.

(2) A current audiological and otological examination shall be required for placement in approved special education units for hard of hearing children. Periodic examination shall be required for continued placement in an approved program.

(3) Hard of hearing children with intelligence quotients bebetween 50-80 **should be placed in special education program for slow learning hard of hearing children.**

(C) Class Size and Age Range

(1) In units where hard of hearing children receive all of their instruction with the special education teacher the minimum enrollment shall be 8 and the maximum 10.

(2) In units where the majority of the children receive instruction with a special education teacher and participate only in physical education, art and music classes, the minimum enrollment shall be 8 and the maximum 12.

(3) In units where hard of hearing children are integrated but receive instruction with a special education teacher in lipreading drill and practice, auditory training, speech therapy and tutoring in academic subjects, the minimum enrollment shall be 8 and the maximum 15.

(4) The chronological age range for a class of hard of hearing children at any level of instruction shall not exceed 48 months.

(D) Housing, Equipment and Materials

(1) A special education unit for hard of hearing children shall be housed in a classroom in a regular school building (or in a special public school) which meets the Standards adopted by the State Board of Education, with children of comparable chronological age.

(2) A special education unit for hard of hearing children shall provide space adequate for the storage and handling of the special materials and equipment needed in the instructional program.

(3) A special education unit for hard of hearing children shall provide the materials and equipment necessary for the instruction of these children.

(a) Each classroom shall be equipped with suitable group auditory training equipment. Provision shall be made for maintenance and repair.

(E) Program

(1) Teachers of hard of hearing children shall follow outlines and/or special courses of study in their daily program planning.

(2) Classes for hard of hearing children may be organized as self-contained units in which the children receive full-time instruction from the special teacher.

(3) Classes for hard of hearing children may be organized so that provision can be made for some children to receive full-time instruction from the special teacher, while others receive some instruction from the special teacher and are integrated on an individual basis in proportion to the child's ability to succeed.

(4) Special education units for hard of hearing children shall be approved at the secondary level only on an experimental or research basis as outlined in (A) (2). Proposals for these must be submitted prior to application for approval.

(5) Special consideration for placement in secondary school programs should be given those hard of hearing children who received instruction in special education classes through the elementary school. Other alternatives which may be considered in addition to that outlined above are:

(a) Assignment to a regular class on a full-time basis if no additional instruction with special teacher is needed.

(b) Assignment to an approved class for slow learning children if they have sufficient mastery of special skills (lipreading, auditory training, speech and language), do not require additional instruction with hard of hearing and are capable of profiting from this instruction.

(c) Assignment to an approved special education class for deaf children if their needs in the language arts

subjects are comparable to those of deaf children at this level.

(6) There shall be written policies for the selection and placement of children in classes for hearing children on a full- or part-time basis.

(7) There shall be evidence of periodic evaluation of the educational progress of all children placed in approved units for hard of hearing children.

(F) Teacher Qualifications

(1) A teacher shall meet all the requirements for certification as established by the State Board of Education for this area of specialization.

APPENDIX E

International Standards Organization Recommendations

The International Standards Organization has announced its recommendation for an international standard reference level for pure tone audiometers. The Committee on Conservation of Hearing of the American Academy of Ophthalmology and Otolarynology has endorsed the new Audiometric Zero. The Committee and its Subcommittees on Audiometers favor the early and universal use of the new ISO-1964 scale. It has already been announced by several professional societies that the ISO-1964 scale be required henceforth for any audiograms that are to be published in their journals.

For many years confusion has existed among otologists and audiologists due to the use of different standards by those making audiometric measurements in the United States and by those in most European countries. The new scale represents an international agreement reached after years of measurement, calculation and discussion. The adoption of the new standards will have two primary objectives: (1) to provide a better representation of the hearing threshold curve of young adults and (2) to terminate the confusion and ambiguity presently encountered when comparing test results obtained in various parts of the world. Today, scientific publications in this discipline must be prepared for an international audience.

The Ohio Department of Education, Division of Special Education, encourages the use of the new ISO-1964 audiometric standards and suggests that personnel responsible for hearing testing programs arrange for the recalibration of all ASA-1951 audimeters to the new standards during 1965. The changes resulting from the adoption of the new standards relative to conservation of hearing programs are outlined in a release prepared by the Ohio Department of Health, Hearing and Conservation Unit, Division of Maternal and Child Health.

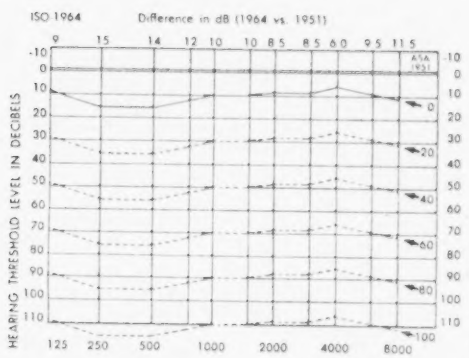
The importance of indicating on *each* new audiogram whether it is plotted according to the 1951 ASA reference thresholds or according to the 1964 ISO reference thresholds cannot be over emphasized, especially during this transition period. In addition,

the use of appropriate new audiogram forms with the conversion factors (difference in db) stated thereon *plus* the printed statement relative to the use of these values in changing from one scale to another is recommended.

SAMPLE

Name_____ **Date**_____

Birth Date_____



Ave. Pure Tone Hearing Loss (500 - 2000 cps)

	Left	Right
	db	db

Thresholds

	Left	Right	Field
	db	db	db
	db	db	db

This audiogram is plotted on the basis of:

☒ 1964 ISO reference thresholds
☐ 1951 ASA reference thresholds

Readings obtained on an audiometer calibrated to the 1951 ASA thresholds may be converted to, and plotted as, "Hearing Threshold Levels" based on the 1964 ISQ reference thresholds by adding the appropriate "Difference in dB" at each frequency. To convert readings based on the 1964 ISQ reference thresholds to readings based on the 1951 ASA reference thresholds, subtract the "Difference in dB".

The above sample audiometric form is suggested for use by those who have converted to the new ISO threshold levels.

Most of the proposed new audiogram blanks for use with audiometers calibrated to the ISO-1964 scale represent the ISO scale as the primary grid with the ASA-1951 grid appearing in the background, usually as a series of broken lines and threshold level markings as in the above example. This makes the relationship between the two scales as clear as possible.

For those who have been unable to have audiometers recalibrated to the ISO-1964 standards, it has been proposed that an audiogram blank similar to the above sample be used except that the primary grid would represent the ASA-1951 scale while the ISO grid would appear in the background. In either case the exact difference in db between the two scales for each frequency should appear either at the top or the bottom horizontal line of the pure tone audiogram form. This provision enables one to make rapid conversions from one db value to another.

The difference between the two scales is approximately 10 db. Specifically, you will note that the differences range from 6 to 15 db, depending upon the particular frequency under consideration. The relationship between the scales is such that the db difference values are added when transposing from the ASA scale to the ISO scale, and subtracted when converting from ISO to ASA values. Following the above conversion principle, the db difference value of 11 db should be used when translating *average* pure tone hearing levels for the "speech range" (500, 1000 and 2000 cps) from one scale to another. Therefore, with reference to the standards adopted by the State Board of Education for Special Education Units, under Units for Deaf Children (2.21) the 60 decibel figure should represent a 71 db hearing threshold level for those using the ISO-1964 scale. Likewise, under Units for Hard of Hearing Children (3.21) the 40 decibel figure should be replaced by a 51 db hearing threshold level for those using ISO pure tone audiometric data.

The following references are listed as reading suggestions for further discussion and clarification of the above subject:

Davis, H., and Kranz, F.: "International Standard Reference Zero for Pure-Tone Audiometers and Its Relation to Evaluation of Impairment of Hearing." *Jr. Speech Hearing Res.* 7:7-16, 1964.

Committee on Conservation of Hearing: "Audiometric Reference Zero Levels: Old and New." *J. Am. Speech and Hearing Assoc.* 7:59 & 60, 1965.

Davis, H.: "The ISO Zero-Reference Level for Audiometers." *Arch. Otolarying.* 81:145-149, 1965.

Subcommittee on Noise of the Committee on Conservation of Hearing, and Research Center Subcommittee on Noise, Aram Glorig, Director: *Guide for Conservation of Hearing in Noise 32-38*, Revised 1964.